

Office of Assemblyman Bill Berryhill



Internship Application

Please complete the following information

Name: _____

Email
Address: _____

Home
Address: _____

Home
Phone: _____

Family Contact and Phone
Number: _____

School
Address: _____

School
Phone: _____

College/University: _____

Academic Major: _____ Current grade level: _____

Anticipated year of graduation: _____ GPA: _____

Do you intend to receive academic credit for this internship? _____

Beginning and Ending date of internship: _____

List Names, Addresses, and Phone Numbers of three References:

1.

2.

3.

List organizations, club, teams, etc. that you have been involved with:

List your computer skills:

Please complete the following questions and provide an example for each answer. Please answer these questions on a separate page.

1. Have you worked in an office environment before?
2. Do you handle pressure well?
3. Do you consider yourself well organized?
4. What are you expectations of the internship?
5. Name a public figure you admire. Please explain.
6. Why do you want to intern with Assemblyman Berryhill?

Please fax these completed materials, along with cover letter and resume to:

Assemblyman Bill Berryhill
Attn: Rebecca Wood
EMAIL: Rebecca.Wood@asm.ca.gov
PHONE: (916) 319-2026
FAX: (916) 319-2126